
Why Read This Handbook?

This Handbook provides information about health insurance available through the Healthy Families Program.

This Handbook has the information about the health, dental and vision plans available in your county.

The application for the insurance is a separate form. To receive an application form *call toll-free 1-800-880-5305*, 8 a.m. to 8 p.m., Monday-Friday.

Keep this Handbook and the application instructions for future reference.

Please read the following sections carefully:

1. Eligibility (page 2)
2. Enrollment (page 3)
3. Insurance Premiums (page 4)
4. Summary of Benefits (page 6)
5. Selecting Insurance Plans (page 9)

If you want to complete the application, you may either:

- ◆ Complete the application yourself in the privacy of your home; *or*
- ◆ *Call toll-free 1-800-880-5305*, 8 a.m. to 8 p.m., Monday-Friday. Call this *number to*:
 - Request an application
 - Get answers to your questions
 - Get information on doctors, clinics, and dentists in your area that are part of the Healthy Families Program
 - Get names and addresses of individuals or organizations in your area that are trained to help you fill out the application for free.



Visit our web site at
www.healthyfamilies.ca.gov

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NOTE: If you are an 18-year-old (or minor living on your own) applying for insurance for yourself, each time this Handbook says “you” or “your child,” it means you.

What is the Healthy Families Program?

The Healthy Families Program is low cost insurance that provides health, dental and vision coverage to children who do not have insurance today and do not qualify for no-cost Medi-Cal.

◆ **How will the Program provide health care for my child?**

When you enroll your child in the Program, you will choose the health, dental and vision insurance plans. The plans provide the health, dental and vision coverage for your child. This insurance pays most of your child's costs for visits to doctors, dentists, and specialists. The insurance plans also contract with clinics, laboratories, pharmacies and hospitals for your child's health care.

◆ **Who can apply?**

Parents, legal guardians, stepparents, foster parents or caretaker relatives may apply for insurance for a child. **Only the parent's income will be considered.** If you are a legal guardian, stepparent, foster parent or caretaker relative who lives with a child, your income will not be used to qualify the child for the Program.

If you are age 18 and under, you may qualify to apply for your own insurance if you meet the income requirements.

Minors who do not live with parents, legal guardians, stepparents, foster parents or caretakers may be eligible for the program for themselves or their children if they meet all other requirements.

Newborns and children under one year old may qualify for Healthy Families if the family meets the income requirements. See *page 2* of the Application for income requirements for children under one year of age.

◆ **Who can help me fill out the application?**

If you need help to complete the application, **call toll-free, 1-800-880-5305**, 8 a.m. to 8 p.m., Monday through Friday.

Phone operators can give you a list of Certified Application Assistants (CAAs) in your area. These CAAs can help you fill out the application **at no cost to you**.

CAA listings are available at **www.healthyfamilies.ca.gov**.

Eligibility

◆ **Who may qualify?**

- Children up to their 19th birthday
- Families with incomes at or below 250% of the Federal Income Guidelines
- Children without employer-sponsored health insurance in the last 3 months
- Children not eligible for no-cost Medi-Cal
- Children who are U.S. citizens, nationals, or eligible qualified immigrants
- Children who live in California

◆ **How do I determine my family income?**

The application form has information on how to determine your family's monthly income.

◆ **Does my child qualify?**

To see if your child qualifies, refer to the Healthy Families application form **or call toll-free at 1-800-880-5305**.

◆ **What if my child currently has insurance?**

If your child is covered today by an employer-sponsored health insurance plan, your child is not eligible for Healthy Families.

If the insurance coverage through an employer ends, your child may be eligible for the Healthy Families Program if:

- The person or parent providing health coverage lost a job or changed jobs; **or**
- The family moved into an area where employer-sponsored coverage is not available; **or**
- The employer discontinued health benefits to all employees; **or**
- Health coverage was provided under a federal Consolidated Omnibus Budget Reconciliation Act (COBRA) policy, and the COBRA coverage ended; **or**
- The child reached the maximum coverage of benefits allowed in the current insurance in which the child is enrolled.

Enrollment

◆ How do I apply for Healthy Families?

Fill out the application form and mail it in the envelope provided. A complete application should have all the information requested and copies of all required documents attached. Be sure to include your first month's premium.

If you need help filling out your application, **call toll-free 1-800-880-5305**. You can call between 8 a.m. and 8 p.m., Monday through Friday. The Healthy Families Program can answer your questions. The Program also will give you a list of CAAs in your area. They can help you with your application ***at no cost to you***.

◆ How long will it take to process my child's application?

When we receive a complete application, Healthy Families will process it within 10 calendar days to determine eligibility. You will be notified by letter and will also receive a welcome telephone call. The letter gives the date on which insurance coverage will begin for each enrolled child. The first day of coverage begins 10 days from the date Healthy Families determines that your child qualifies for the Program.

If your application is not complete, we will try to reach you by phone. If we cannot reach you by phone, you will be notified in writing. You must submit all requested information. The Program will not be able to determine eligibility in a timely manner if you do not send in the information requested.

If your child does not qualify for the program because your income is below the Healthy Families requirements and you did **not** check the ***I DO NOT WANT Medi-Cal box*** on the application, your application will be forwarded to the County Department of Social Services in your area. They will contact you within 45 days to inform you of your child's eligibility.

If you believe we made a mistake in deciding whether your child is eligible, you can request a review. See the *Appeals section* on page 15 of this Handbook, **or call toll-free 1-800-880-5305**.

◆ If I am pregnant, and the baby will not have insurance once born, can I apply for Healthy Families before the baby is born?

You can apply for insurance up to 3 months before the baby is born. Please fill out an application and send in the documentation required. You will also need to send a copy of a pregnancy certificate showing the date of delivery to determine the baby's eligibility. If eligible, you will be notified in writing. Within 30 days of the baby's birth, you must send in a copy of a certificate of birth provided by the hospital or other health care facility, a signed statement by the health practitioner who delivered the baby, or an equivalent document. Insurance coverage for the baby will begin 13 days from the date this additional information is received.

If within 30 days of the baby's birth, Healthy Families does not receive a copy of the birth certificate or proof of birth, your case will be closed. You will need to reapply and provide all necessary documentation with your application.

◆ If my child's Medi-Cal coverage is ending, how soon can I apply for Healthy Families?

You can apply for Healthy Families up to 3 months in advance if one of the following is going to occur:

- A child turns ***1 year old*** and loses no-cost Medi-Cal (coverage begins on the child's 1st birthday); ***or***
- A child turns ***6 years old*** and loses no-cost Medi-Cal (coverage begins on the child's 6th birthday); ***or***
- A child's no-cost Medi-Cal ends.

To find out the status of your application, **call toll-free 1-800-880-5305**, 8 a.m. to 8 p.m., Monday through Friday.

Insurance Premiums

◆ How much does it cost to cover my child?

You pay a monthly premium of \$4 to \$9 for each child up to a maximum of \$27 for all children in a family enrolled in the Healthy Families Program. The monthly premium is determined by family size, family income and the health plan you choose.

The *Insurance Plans by County and Premium* section begins on *page 18* of this Handbook. This section shows how much the monthly premium for the insurance coverage will cost you. The premium amount listed under Category A and B includes the dental and vision coverage. You can determine which category (A or B) your monthly income falls under by following the instructions on *page 17*. Then you can determine the monthly premium when you choose the health insurance plan for your child.

If the applicant or person for whom the application is being made is of American Indian descent or Alaskan Native, the premium payments and copayments may be exempted. In order not to pay premiums and copayments, American Indian descendants or Alaskan Natives must submit one of the following acceptable documents as proof of ancestry:

- Copy of an American Indian or Alaskan Native enrollment document from a federally recognized tribe; **or**
- A Certificate of Degree of Indian Blood (CDIB) from the Bureau of Indian Affairs; **or**
- A Certificate of Indian Heritage from an Indian Health Service facility operating in the State of California.

◆ What if I don't have proof of American Indian or Alaskan Native ancestry?

There is no penalty or deadline for submitting proof of ancestry. It is to your advantage to do so if you can. Healthy Families will waive the premium and copayments when you provide proof. The premium and copayments will be waived the month after you provide acceptable documentation. In other words, Healthy Families cannot refund premiums and copayments paid during the months when we had no acceptable proof of your ancestry.

◆ How do I pay my monthly insurance premiums?

Mail the first month's premium payment with your application. Make your payment to the **Healthy Families Program**.

Once your child is enrolled in Healthy Families, you will receive a bill in the mail each month. **Your payment will be due on the 20th day of the month.**

You can pay your monthly premium by:

- **Personal check**
- **Cashier's check**
- **Money order**
- **Credit card**
- **Cash**

You may pay in cash at a Rite Aid store.

Call toll-free at 1-800-748-3243 for the Rite Aid store nearest you.

- **Electronic Fund Transfer (EFT)**

An EFT allows your monthly premium to be automatically withdrawn from a savings or checking bank account and deposited into the Healthy Families Program account each month.

The bank account can be your own personal account, **or**

The account of your employer if you sign up for a payroll deduction. Ask your employer about payroll deduction.

You may request the best option payment for you when you receive your first statement. For more information about EFT, **call 1-800-880-5305**.

◆ Can I save money on my premiums?

Yes. If you pay 3 months of premiums altogether in advance, you get the 4th month of coverage free. ***This option is not available if you pay by Electronic Fund Transfer.***

You can also save money by choosing the "Community Provider Plan" in your area. This insurance plan has done the best job of including the providers in your area who have traditionally served the uninsured citizens in your community. To reward the insurance plan for its commitment to your community, we offer the insurance plan to you at a discount. These plans are shown in the *Insurance Plans by County and Premium* section, starting on *page 18* of this Handbook.

Insurance Premiums

♦ What if I do not pay my monthly insurance premiums?

If your payment is 60 days late, your child's coverage will end. Your child's insurance coverage will end as of the last month for which the premium was paid in full. You will be responsible for the cost of any health care received by your child in the month after coverage ended.

If your child's coverage ends because of non-payment, your child will not be able to participate in Healthy Families for 6 months. See *Disenrollments* in the *Other Program Information* section on page 13 of this Handbook.

♦ What if I do not receive a bill?

It is the applicant's responsibility to send in payments. All payments are due by the 20th of the month. Write your Family Member Number on the check or money order, and send it to:



**Healthy Families Program
Payment Section
P.O. Box 138005
Sacramento, CA 95813-8005**

NOTE: To get a free month of coverage, your three-month payment must be received before the 20th of the month that is due.

Summary of Benefits

The Healthy Families Program offers comprehensive health, dental and vision coverage through insurance plans. The benefits in all Healthy Families Program insurance plans are similar. The benefits may be administered differently.

Enrolled children are eligible for all covered services that are medically necessary. Healthy Families will not deny coverage based on a child's health condition. You will be notified of the date that your child can begin receiving services.

See the chart on *page 7 and 8* of this Handbook for a summary of benefits and services offered by each health plan.

◆ Is there an additional cost for my child to get these services?

Yes. In addition to the monthly premiums, you pay a co-payment of \$5 at the time of service. Some services (such as preventive care services) are free. No individual charge will exceed \$5.

The maximum co-payment amount per benefit year that you pay for health care services is \$250 a family. **A benefit year** is from July 1 to June 30. **Keep all your receipts for copayments you make for health care at the time of service.** Let your health insurance plan know if you reach the maximum \$250 for the benefit year of coverage. Then you will not have to make any more \$5 co-payments for health care services until the next benefit year of coverage.

◆ Pregnancy

You are eligible for pregnancy-related services under the Healthy Families Program. The baby will be covered automatically by the Healthy Families Program health plans for the first 30 days of life.

If you applied to Healthy Families before the baby was born, and the baby qualified for the Program, the baby may continue to be covered by the Healthy Families Program. You must apply to enroll the baby in the Healthy Families Program. If the baby's parents meet all requirements, the baby will be enrolled.

In addition, pregnant members of the Healthy Families Program may qualify for no-cost Medi-Cal coverage for their pregnancy-related services. The baby will be insured by no-cost Medi-Cal for the first year. For information on no-cost Medi-Cal, call your local County Department of Social Services, a local health care provider, or **call 1-800-880-5305**.

◆ California Children Services

The California Children Services (CCS) program provides health care and case management for children with certain medically handicapping conditions. If your child's provider suspects that your child has an eligible condition, a referral will be made to the local CCS Program in your county.

CCS will determine if your child has an eligible condition. CCS will provide all treatment and services for that condition. Your child will remain enrolled in the Healthy Families Program for all other care.

If your child already receives services from CCS, contact your health care provider when you enroll in the Healthy Families Program.

Your insurance plan and provider will arrange for care with CCS. If you have any questions about CCS, talk to your child's health care provider.

◆ Mental Health

The local Mental Health Department provides health care and case management for children diagnosed with a Severe Emotional Disturbance (SED). If your child's provider suspects that a SED condition exists, the provider will make a referral to the County Mental Health Department for a diagnosis.

Your child will receive all other medically necessary care from the Healthy Families Program. If your child already receives services from the local Mental Health Department, contact your health provider after you have enrolled in the Healthy Families Program.

Your insurance plan and provider will arrange for care with the local Mental Health Department. If you have questions about Mental Health Services, talk to your child's health provider.

Summary of Benefits (continued)

Benefits*	Services	Costs to Member (Co-payment)
Physician Services	<ul style="list-style-type: none"> Office, home visits Allergy testing and treatment 	<ul style="list-style-type: none"> \$5 per visit \$5 per visit
Preventive Care	<ul style="list-style-type: none"> Periodic health examinations (including well-baby care) Variety of voluntary family planning services Prenatal care Vision and hearing testing Immunizations Venereal disease tests Confidential HIV/AIDS counseling and testing Annual Pap smear exams Health education services 	<ul style="list-style-type: none"> No charge (including office visits)
Prescription Drugs	<ul style="list-style-type: none"> 30-34 day supply of brand name or generic drugs, including prescriptions for one cycle of tobacco cessation drugs 90-100 day supply of maintenance drugs While in the hospital FDA approved contraceptive drugs and devices 	<ul style="list-style-type: none"> \$5 per prescription \$5 per prescription No charge No charge
Hospital	<ul style="list-style-type: none"> Inpatient care 	<ul style="list-style-type: none"> No charge
Emergency Health Care Services	<ul style="list-style-type: none"> 24 hour emergency care to diagnose and treat sudden, serious and unexpected illness, injury or condition <p><i>NOTE: Out-of-Network emergencies are covered if insurance plans determine them to be medically necessary. Non-authorized emergency room visits are not a covered benefit.</i></p>	<ul style="list-style-type: none"> \$5 per visit
Prenatal Care	<ul style="list-style-type: none"> Prenatal and postnatal care, inpatient and newborn nursery care 	<ul style="list-style-type: none"> No charge
Medical Transportation	<ul style="list-style-type: none"> Emergency medical transportation 	<ul style="list-style-type: none"> No charge
Diagnostic X-ray and Laboratory	<ul style="list-style-type: none"> Inpatient and outpatient 	<ul style="list-style-type: none"> No charge
Services Durable Medical Equipment	<ul style="list-style-type: none"> Medical equipment appropriate for use in the home; oxygen and oxygen equipment; insulin pumps and all related necessary supplies 	<ul style="list-style-type: none"> No charge
Mental Health**	<ul style="list-style-type: none"> Plan provides for mental health coverage including the diagnosis and medically necessary treatment of serious mental illness. Benefits include outpatient services; inpatient hospital services; partial hospital services and prescription drugs. 	<ul style="list-style-type: none"> No Charge for inpatient services \$5 per visit for outpatient services
Alcohol and Drug Abuse	<ul style="list-style-type: none"> <i>Inpatient:</i> As medically appropriate to remove toxic substances from the system <i>Outpatient:</i> 20 visits per benefit year (Some plans may choose to increase the number of visits in a benefit year if medically necessary.) 	<ul style="list-style-type: none"> No charge for inpatient services \$5 per visit for outpatient services

*Benefits are provided if the insurance plan determines them to be medically necessary.

**In addition to these benefits some services are also provided by the California Children's Services (CCS) program and by County Mental Health Departments. Families must meet residential requirements and children must have a medical condition that is covered by CCS to be eligible for CCS services. Only those children who are diagnosed as having a Severe Emotional Disturbance (SED) will receive outpatient services from the County Mental Health Department.

Summary of Benefits (continued)

◆ Health Benefits (continued)

Benefits*	Services	Costs to Member (Co-payment)
Physical, Occupational, Speech Therapy	<ul style="list-style-type: none"> Short-term therapy for a period not exceeding 60 consecutive calendar days per condition following the date of the first therapy session. Additional therapy beyond the 60 days is provided if medically necessary. 	<ul style="list-style-type: none"> No charge for inpatient therapy \$5 per visit on an outpatient basis
Home Health Care	<ul style="list-style-type: none"> Must be prescribed or directed by the attending physician or other appropriate authority designated by the plan. 	<ul style="list-style-type: none"> No charge
Skilled Nursing Care	<ul style="list-style-type: none"> <i>Inpatient:</i> Skilled nursing care; 100 days each benefit year 	<ul style="list-style-type: none"> No charge

◆ Optional Health Benefits

Not all health insurance plans provide these benefits. See *pages 60 - 67* of this Handbook for information on which insurance plans cover these services.

Optional Benefits*	Services	Costs to Member (Co-payment)
Acupuncture	<ul style="list-style-type: none"> 20 visits per benefit year 	<ul style="list-style-type: none"> \$5 per visit
Chiropractic	<ul style="list-style-type: none"> 20 visits per benefit year 	<ul style="list-style-type: none"> \$5 per visit
Biofeedback	<ul style="list-style-type: none"> 8 visits per benefit year 	<ul style="list-style-type: none"> \$5 per visit
Elective Abortion	<ul style="list-style-type: none"> Insurance plans vary (see pages 60 - 67) 	<ul style="list-style-type: none"> No charge

◆ Vision Benefits

Vision Benefits*	Services	Costs to Member (Co-payment)
Eye Examinations	<ul style="list-style-type: none"> Once every 12 months 	<ul style="list-style-type: none"> \$5 per examination
Prescription Glasses	<ul style="list-style-type: none"> Once every 12 months 	<ul style="list-style-type: none"> \$5 per glasses, frames, or lenses

◆ Dental Benefits

Benefits*	Services	Costs to Member (Co-payment)
Preventive Care Teeth Cleanings, Topical Fluoride	<ul style="list-style-type: none"> Every 6 months 	<ul style="list-style-type: none"> No charge
Fillings	<ul style="list-style-type: none"> As needed 	<ul style="list-style-type: none"> No charge
Sealants	<ul style="list-style-type: none"> As needed for permanent 1st and 2nd molars only 	<ul style="list-style-type: none"> No charge
Diagnostic Services	<ul style="list-style-type: none"> X-rays 	<ul style="list-style-type: none"> No charge

*Benefits are provided if the insurance plan determines them to be medically necessary.

NOTE: The Benefits Charts on the above pages are only a summary of benefits provided by each health plan in the Healthy Families Program. These summaries are for information only. This is not a contract. For exact terms and conditions of the health care benefits, provisions, exclusions, and limitations for each plan, refer to the Evidence of Coverage booklet or Certificate of Insurance available from each health plan. Call the phone number listed on each health plan's description page.

Selecting a Health, Dental and Vision Insurance Plan

Healthy Families gives you a choice of health and dental insurance plans. Vision Service Plan (VSP) is the designated vision plan. See the *Insurance Plans by County and Premium* section in this Handbook. You can choose from any insurance plan available in the county where your children live. Occasionally, a plan may reach the maximum number of applicants in a county and will not accept new applicants. All children in one household must be enrolled in the same insurance plan.

In general, the benefits are the same in all the Healthy Families plans. Insurance plans administer their benefits differently. *Pages 60 - 67* of this Handbook answer questions about each insurance plan. These pages help you to compare and choose the insurance plans that best meet your children's needs. For more information about plan benefits, refer to the plan's Evidence of Coverage (EOC) Booklet. You can request an EOC by calling the insurance plan at the telephone number listed in *pages 68 - 83*.

◆ How do I choose the best insurance plans for my child?

This is a decision you must make. Here are some *helpful questions which may help you*:

- Which insurance plans are available in my county? See the *Insurance Plans by County and Premium* section beginning on *page 18* of this Handbook.
- In which insurance plans do my doctor and dentist participate? You may want to call the doctors or dentists directly. Or call Healthy Families **toll-free at 1-800-880-5305**, 8 a.m. to 8 p.m., Monday-Friday, for information on doctors or dentists in your area.
- How do I find out which insurance plans have the best customer service of the insurance plans I am considering? You may want to call the insurance plans and talk to them directly. For telephone numbers and information on each insurance plan, see the *Individual Plan Descriptions* section, beginning on *page 68* of this handbook.

◆ Is there a special insurance plan combination available if my child is an American Indian or if my family moved with my seasonal job?

Yes, there is an insurance plan combination we call the "Rural Health Demonstration Project" under Healthy Families, which offers a special health, dental and vision plan combination for American Indians or families employed in seasonal jobs in agriculture, fishing or forestry. This plan combination is available statewide. The plans participating in the statewide plan combination are Blue Cross RHDP, Delta Dental and VSP. This plan combination allows families to maintain the same insurance plans even if they move around the state following the seasonal jobs.

If you are now or have been a seasonal or migrant worker in the last 24 months, employed in agriculture, forestry or fishing, turn to *page 59* to find the combination code for the county you live in. If you are American Indian, you can also choose this combination even if you are not a migrant or seasonal worker.

Follow these "Steps" to make your choice of a Health, Dental and Vision insurance plan:

- Review the insurance plans available in your county, listed in the *Insurance Plans by County and Premium* section, beginning on *page 18* of this Handbook.
- Review the individual summaries of the insurance plans available in your county. (See the *Individual Plan Descriptions* starting on *page 68* in this Handbook.) Then review the *Answers to Commonly Asked Questions* section, starting on *page 60* of this Handbook.
- **Call toll-free 1-800-880-5305**. Request a list of doctors or dentists by specialty, location, ZIP code, language and gender. Healthy Families will give you a personalized list based on where you live.

If you need more information on the insurance plans, please contact them directly. Each insurance plan in this Handbook has a ***toll-free*** number you can call to get more information. The *Insurance Plan Descriptions* begin on *page 68*.

Selecting a Health, Dental and Vision Insurance Plan *(continued)*

◆ **How do I choose a Primary Care Physician (PCP) or a Primary Care Dentist (PCD)?**

As a Healthy Families participant, you can choose a PCP and a PCD for your child. In many cases, you may continue to see your current doctor/dentist.

Call toll-free at 1-800-880-5305 to request a list of PCPs or PCDs in your area. Check the list to find out if you can keep your current PCP/PCD or to find a doctor/dentist who:

- Speaks your language; *and*
- Is near to your home and/or easy to get to.

Your children will become members of the insurance plans you choose. Your child's doctor and dentist must be part of the insurance plans you choose.

◆ **What if I do not choose a PCP or PCD on my application?**

Most health and dental insurance plans require your child to have a PCP or PCD. When an insurance plan requires a PCP/PCD to be chosen and you do not choose one on your application, the insurance plan will assign a PCP/PCD for your child. The insurance plan may call you to assist you in selecting one.

◆ **How do I change to a different PCP/PCD?**

Each insurance plan has its own rules for how to change and how often your child is allowed to change PCPs/PCDs. See *pages 60 - 67* in this Handbook for information.

◆ **How will my child receive vision benefits?**

VSP provides vision insurance to all Healthy Families Program members. When your child needs vision services, eye exams or eyeglasses, call VSP at 1-800-877-7239. VSP will mail you an authorization card. Take the card to one of the providers on the list mailed to you.

◆ **Do some of the insurance plans participating in the Healthy Families Program require binding arbitration of health care disputes?**

Yes. If you choose one of these insurance plans, you give up the right to a jury or court trial to resolve disputes you may have with your child's insurance plan. See *pages 60 - 67* of this Handbook to find out which plans use binding arbitration.

Reminder!

You select your child's plans from the list provided. No one can choose for you.



Visit our web site at
www.healthyfamilies.ca.gov

Citizenship and Immigration Information

◆ What are the citizenship and immigration requirements for the Healthy Families Program?

Your child must be a U.S. citizen, U.S. non-citizen national or eligible qualified immigrant. Questions about citizenship and immigration apply to the children—not the parents.

◆ Who is considered an eligible qualified immigrant?

Following is a list of qualified immigrant statuses and the Immigration and Naturalization Service (INS) documents necessary to prove qualified status.

If you entered the U.S. before August 22, 1996, you are eligible to enroll in the Healthy Families Program if you meet all other requirements.

A change in California State law allows eligible qualified immigrants, who entered the U.S. **on or after** August 22, 1996, to now enroll in the Healthy Families Program if they meet all other requirements. This change in California State law affects immigration statuses 1 through 4, which are described below.

NOTE: If the immigration documents for statuses 1 through 4 are dated August 22, 1996, or after, but the legal date of entry was before that date, please also send in the document that shows the earlier date. If eligible for the Program, not having proof of entry before August 22, 1996, will not disqualify you.

1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA) must submit a copy of INS form I-551; or an I-94 with a current I-551 stamp, or an I-551 stamp on a foreign pass; **or**
 2. An alien granted conditional entry pursuant to Section 203(a)(7) of the INA must send a copy of INS form I-94 with a stamp showing admission under 203(a)(7) of the INA or INS form I-688B showing admission under “274a.12(a)(3)”; **or**
 3. An alien paroled into the U.S. under Section 212(d)(5) of the INA for at least 1 year must send a copy of INS form I-94 showing admission for at least 1 year under section 212(d)(5) of the INA. Or a notice, or court order from immigration Judge granting parole for at least one year; **or**
 4. An alien with the appropriate immigration status who (or whose child or parent) has been battered or subjected to extreme cruelty in the U.S. and there is a substantial connection between the battery or extreme cruelty and the need for the benefits and who no longer resides in the household of the batterer must send a copy of the approved INS form I-130 or approved INS form 360 petition filed under the Violence Against Women Act (VAWA), or INS form I-797 indicating filing of the I-360 petition.
- The following group of immigrants do not have restrictions on the date of entry.**
5. An alien granted asylum under Section 208 of the INA must send a copy of INS form I-94 showing grant of asylum under section 208 of the INA; or INS form I-688B under section “274a.12(a)(5)”; or INS form I-766 with the code “05,” or a grant letter from the asylum office of the INS; or an order from an Immigration Judge granting asylum; **or**
 6. A refugee admitted to the U.S. under Section 207 of the INA must send a copy of form I-94 showing admission as a Refugee under section 207 of the INA, or INS form I-688B under section 274a.12(a)(3) or INS form I-766 with the code “A3,” or INS form I-551 with the code “RE” or INS form I-571, Refugee Travel Document; **or**
 7. An alien whose deportation is being withheld by order of an immigration judge under section 243(h) of the INA as in effect prior to April 1, 1997, or whose removal is being withheld under Section 241(b)(3) of the INA must send a copy of INS form I-688B with the code “274a.12(a)(10),” or INS form I-766 with the code “A10”; **or**

Citizenship and Immigration Information (continued)

8. An alien who is a Cuban or Haitian entrant as defined in Section 501(e) of the Refugee Education Assistance Act of 1980 must send a copy of INS form I-551 with the codes CU6, CU7 or CH6; or a current I-551 stamp with the codes CU6 or CU7 on the INS form I-94; or a current I-551 stamp on a foreign passport with the codes CU6 or CU7; or an INS form I-94 with a stamp showing parole as a “Cuban/Haitian entrant” under section 212(d)(50) of the INA; **or**
9. Qualified aliens lawfully residing in any state who are honorably discharged veterans who fulfill minimum active duty service requirements, or who are on non-training active duty in the U.S. armed forces must send a copy of DD form 214 or a copy of their military identification card if on active duty, or a copy of current military orders; **or**
10. The spouse or unmarried dependent or the unmarried surviving spouse whose marriage satisfies the requirements of 38 U.S.C. 1304 of those veterans or persons on active duty described in the previous sentence must send a copy of a current military identification card to establish marital relationship to the veteran, or parent-child relationship to the veteran; **or**
11. An Amerasian immigrant admitted to the U.S. pursuant to Section 584 of the Foreign Operations, Export Financing, and Related Programs Appropriations Act of 1988 as described in Section 1612(a)(2)(A)(1)(V) of Title 8 of the United States Code must send a copy of INS form I-551 with the code AM6, AM7, or AM8. A current temporary I-551 stamp in a foreign passport with the code AM1, AM2 or AM3; or INS form I-94 with the codes AM1, AM2 or AM3.

◆ When must documents be submitted?

- If a U.S. citizen or U.S. national send a photocopy of the child’s birth certificate, certificate of naturalization, U.S. passport, or other acceptable document now or within 60 days from the date of enrollment; **or**
- If a qualified immigrant, send a photocopy of the proper documents issued by INS now or within 30 days of enrollment to prove status and date of entry into the U.S.

NOTE: Sending copies of birth certificates and/or immigration documents and paystubs with your application will ensure a timely processing of your application.

If your child is disenrolled because you did not submit the necessary documents, you can reapply again but you must submit copies of the birth certificate, certificate of naturalization, U.S. passport or INS documents at the time you reapply.

If you have questions about acceptable documents, **call toll-free 1-800-880-5305.**

Other Program Information

Reporting a Change of Address

You must notify the Healthy Families Program within 30 days if you have a change of address. It is your responsibility to be sure Healthy Families has your correct billing address and your child's correct address.

To report a change, **call toll-free 1-800-880-5305**. You can call between 8 a.m. and 8 p.m., Monday through Friday. Or write to:



**Healthy Families Program
Attn: Address Change Department
P.O. Box 138005
Sacramento, California
95813-8005**

Changes in Income and Family Size

◆ If my income or family size changes, do I submit the new information?

Once eligibility is established, your child will be covered for a 12-month period (one year) unless the child turns 19. You do not submit new information until the annual eligibility review. Changes in your income or family size may effect your child's eligibility in the future.

Disenrollments from the Healthy Families Program

If any of the following occurs, Healthy Families coverage will end. Your child will be disenrolled if:

- Healthy Families Program finds that the child does not qualify during the Annual Eligibility Review; **or**
- You do not provide the information needed for your child's Annual Eligibility Review; **or**
- Your child reaches 19 years of age; **or**
- You do not pay your child's monthly premium for 60 days after the due date; **or**
- You write to Healthy Families asking to end enrollment; **or**
- Healthy Families finds that you made false declarations about your child's eligibility; **or**
- You do not provide documentation requested, birth certificates or INS documents when due.

You will receive a written disenrollment notice before your child's health, dental and vision coverage ends and the child is disenrolled from the program.

The notice gives the reason and effective date of disenrollment. If you disagree with the decision, see the *Appeals Section on page 15* in this Handbook.

A child who has been disenrolled from Healthy Families will not qualify for the Program again for 6 months from the date of disenrollment if:

- The child was disenrolled because you did not pay the monthly premium; **or**
- You requested disenrollment.

The 6 month exclusion period does not apply if the reason for disenrollment is one of the following:

- You or the person responsible suffered a catastrophic illness that resulted in being unable to work for more than 2 weeks; **or**
- You or the person responsible for the premium payments lost a job; **or**
- The child qualified for no-cost Medi-Cal; **or**
- You did not return the Annual Eligibility Review Form before the anniversary date; **or**
- You did not provide the requested documents, birth certificates or INS documents, by the due date.

Other Program Information (continued)

Health Insurance Portability and Accountability Act (HIPAA) Notices

The Healthy Families Program is considered “creditable” coverage. This credit is important when you have a pre-existing health condition, and you are moving from Healthy Families to a new health insurance plan. In these cases, the credit may cancel any pre-existing condition exclusions or waiting periods of the new health insurance plan.

Within 10 days of disenrollment, the Healthy Families Program will send you a HIPAA notice. This notice lists your child’s eligible months of creditable coverage while enrolled in the Program.

The guaranteed renewability provision of HIPAA entitles a Healthy Families member, who is terminated from the Program, an opportunity to purchase from their current insurer, a health insurance plan that provides the same scope of benefits that a member received through the Healthy Families Program. However, the health insurance plan, not the Healthy Families Program, will set the premium price. A member is eligible for guaranteed renewability if disenrolled from the Program because:

- The subscriber turns 19 years old; **or**
- The family exceeds the maximum income allowed for the Program.

If you have questions, **call toll-free 1-800-880-5305**, between 8 a.m. and 8 p.m., Monday through Friday.

Transfers

You can request a transfer for your child from one health or dental plan to another. All transfer requests must be in writing. You can fax your request or mail it. Be sure to write your Family Member Number on each document you send. Transfers will be allowed if:

- You request a health plan transfer, one time for any reason, within the first 3 months from the original effective date of coverage in the Program; **or**
- You request a dental plan transfer, one time for any reason, within the first 30 days from original effective date of coverage in the Program; **or**
- You request a health or dental plan transfer, one time for any reason, within the first 30 days of the effective date of coverage in a new plan following Open Enrollment; **or**

- Your child moved out of the area served by the chosen insurance plan and at least one other participating insurance plan serves the area in which the child lives; **or**
- You or the participating insurance plan request in writing because the child and insurance plan cannot establish a good relationship. **And** the Executive Director of the Managed Risk Medical Insurance Board determines that the transfer is in the best interest of the child and the Program; **or**
- The Board does not renew the contract with the participating insurance plan where the child is enrolled, or the contract is canceled.

NOTE: All transfer requests must be for one of the reasons in this list. If your reason for requesting a transfer is not one of the above, you must wait for the annual Open Enrollment.

Mail your transfer request to:



**Healthy Families Program
Attention: Transfer Department
P.O. Box 138005
Sacramento, California
95813-8005**

Annual Open Enrollment Period

Each year you can choose a new health and dental insurance plan for your child. This process is called “Open Enrollment.” It is held from April 15 to May 31 of each year.

Healthy Families will mail you information in early April. This will describe the Open Enrollment process.

If you choose new insurance plans during Open Enrollment, all enrolled children in the household will be transferred to the new insurance plans. The transfer will be effective on July 1st.

Other Program Information (continued)

Annual Eligibility Review

Each year you will be asked to confirm your child's qualifications for the Healthy Families Program. We will notify you by mail of the Annual Eligibility Review process.

You will receive a notice about 60 calendar days before the end of the child's anniversary date in the Healthy Families Program. We must receive your Annual Eligibility Review form by the time stated on the packet. If your child continues to qualify for the Program, coverage will continue for another 12 months.

◆ How many Annual Eligibility Reviews will I have when I enroll more children in Healthy Families?

Your eligibility review date for all your children will be 12 months from the date the last child is enrolled.

In other words, each time you enroll another child in the Program, you requalify all your children for another 12 months.

◆ How do I enroll more children into the Healthy Families Program?

Call toll-free 1-800-880-5305 to request an Add New Children form. You can call between 8 a.m. and 8 p.m., Monday through Friday.

Appeals Process

◆ What can I appeal?

You can file an appeal if you believe an eligibility or disenrollment decision was made in violation of the rules.

◆ How do I appeal?

File your appeal with the Healthy Families Program.

You must file within 60 calendar days from the date of the written notice of the decision you are appealing. If you want to appeal, you must provide certain information that the law requires. We will send you a form that makes this process easy. You can also send us a letter, which includes the same information. You must do **all** of the following:

- Send us a copy of the written notice or tell us which decision you disagree with; **and**

- Explain why you think our decision was wrong; **and**
- Tell us which Healthy Families Program rule(s) you think was violated. The rule(s) may be a law or regulation, or something written in the Program materials like the Healthy Families Application or Healthy Families Handbook. You must tell us which rule(s) you think was violated and where it is found. (You can request copies of written rule(s) and other documents from the Healthy Families Program by calling **toll-free 1-800-880-5305** or writing to: P.O. Box 138005, Sacramento, CA 95813-8005); **and**
- Tell us how you want this appeal to be resolved; **and**
- Give us any other information you want us to consider; **and**
- Be sure to include your Family Member Number on all correspondence.

Your appeal must be in writing, and all required information must be included. Healthy Families will respond to your appeal in writing within 30 days. Mail your appeal with all the required information to:



Healthy Families Program
Attention: Appeals Department
P.O. Box 138005
Sacramento, California
95813-8005

Other Program Information (continued)

Appeals Process (continued)

◆ Can I appeal a health, dental or vision insurance plan decision?

If you are unhappy with something your health, dental or vision insurance plan did (or did not do), you must resolve your problem(s) with the insurance plan according to its established policies and procedures. Your child will not be dropped from the plan or suffer a penalty if you do this.

The procedures are listed in the Evidence of Coverage (EOC) or Certificate of Insurance (COI) Booklet. You will receive these booklets from your child's health, dental and vision insurance plan. You may review these documents prior to selecting an insurance plan. Call the insurance plan directly and ask for a copy.

If you are unable to resolve your dispute with the insurance plan and your insurance plan is licensed by the state, contact the state government agency that licenses the insurance plan. The number is in the EOC or COI Booklet.

NOTE: Enrollment in many health insurance plans requires that you agree to have some or all claims or disagreements decided by binding arbitration and waive the right to a jury or court trial. This may include malpractice issues. See pages 60 - 67 in this handbook for information on which plans require binding arbitration.

The Americans with Disabilities Act of 1990

The contractor utilizes the California Relay Service to communicate with hearing impaired individuals as needed. All services are provided at no cost to the requester. The toll free number is 1-800-735-2929.

Section 506 of the Rehabilitation Act of 1973 states that no qualified disabled person shall, on the basis of disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity which receives or benefits from federal financial assistance.

California Government Code Section 11135 prohibits discrimination in a program or activity funded directly by the state or that receives financial assistance from the state on the basis of ethnic group identification, religion, age, sex, color or disability.

California Government Code Section 11136 requires state agencies, as described above, to notify a contractor of whom they have reasonable cause to believe has violated the provisions of Section 11135 or any regulation adopted to implement such section.

After considering all evidence, the Executive Director of the Managed Risk Medical Insurance Board may request a hearing to determine whether a violation has occurred.

The Americans with Disabilities Act of 1990 (ADA) prohibits the Managed Risk Medical Insurance Board and its contractors from discriminating on the basis of disability. The Act protects its applicants and enrollees with disabilities in program services. It also requires the Board to make reasonable accommodations to applicants and enrollees that do not pose undue hardship on the Board.

The Managed Risk Medical Insurance Board has designated an ADA Coordinator. This person will carry out its responsibilities under the Act. You may have questions or concerns about ADA compliance by the Board or its contractors. If so, contact the Coordinator at:



**ADA Coordinator
Managed Risk Medical
Insurance Board
1000 G Street, Suite 450
Sacramento, CA 95814
(916) 324-4695**

The hearing impaired can contact the ADA Coordinator through the California Relay Service at 1-800-735-2929.

Chart to Determine Monthly Premium

◆ How to determine your monthly premium

To determine your monthly insurance premium and whether your monthly income falls in category A or B, you will need the following 2 pieces of information:

- Number of family members living in the household
- Net Monthly Income (after any deductions allowed below)

◆ Deductions Allowed

If both parents work and pay childcare, pay or receive child support and/or alimony, deduct the following expenses from your gross monthly income:

- If you pay court ordered child support or alimony, deduct the amount you pay from your gross income.
- If you receive court ordered child support or alimony, deduct \$50.
- For each working parent, deduct up to \$90 for work-related expenses.
- For each person receiving State Disability Compensation, deduct up to \$90.
- Subtract the expenses you pay for each child or dependent from your gross monthly income to determine your net monthly income. The maximum deductible amounts allowed for each child and disabled dependent are:
 - Child **under** the age of 2 = \$200
 - Child 2 years old and **over** = \$175
 - Disabled dependent, any age = \$175

NOTE: Child care expenses are deducted only if both parents work.

Family Size (number of persons)	Category A	Category B
	Monthly Income	Monthly Income
1	\$ 697.00 – \$1046	\$1046.01 – \$1740
2	\$ 939.00 – \$1409	\$1409.01 – \$2344
3	\$1181.00 – \$1772	\$1772.01 – \$2948
4	\$1422.00 – \$2133	\$2133.01 – \$3553
5	\$1664.00 – \$2496	\$2496.01 – \$4157
6	\$1906.00 – \$2859	\$2859.01 – \$4761
7	\$2147.00 – \$3221	\$3221.01 – \$5365
8	\$2389.00 – \$3584	\$3584.01 – \$5969
9	\$2631.00 – \$3947	\$3947.01 – \$6573
10	\$2872.00 – \$4308	\$4308.01 – \$7178
	For more than 10 persons, add amount below for each additional child.	
	\$242 – \$363	\$364 – \$605

**Insurance Plans by County and
Monthly Premium**

Alameda.....	19
Alpine.....	19
Amador.....	20
Butte.....	20
Calaveras.....	21
Colusa.....	21
Contra Costa.....	22
Del Norte.....	22
El Dorado.....	23
Fresno.....	24
Glenn.....	25
Humboldt.....	25
Imperial.....	26
Inyo.....	26
Kern.....	27
Kings.....	28
Lake.....	28
Lassen.....	29
Los Angeles.....	30
Madera.....	31
Marin.....	32
Mariposa.....	32
Mendocino.....	33
Merced.....	33
Modoc.....	34
Mono.....	34
Monterey.....	35
Napa.....	35
Nevada.....	36
Orange.....	37
Placer.....	38
Plumas.....	39
Riverside.....	40
Sacramento.....	42

San Benito.....	42
San Bernardino.....	43
San Diego.....	45
San Francisco.....	46
San Joaquin.....	47
San Luis Obispo.....	47
San Mateo.....	48
Santa Barbara.....	48
Santa Clara.....	49
Santa Cruz.....	50
Shasta.....	50
Sierra.....	51
Siskiyou.....	51
Solano.....	52
Sonoma.....	53
Stanislaus.....	54
Sutter.....	54
Tehama.....	55
Trinity.....	55
Tulare.....	56
Tuolumne.....	56
Ventura.....	57
Yolo.....	57
Yuba.....	58



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